

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049809

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3					1		53						
4						1	54						
5						1	55						
6						1	56						
7						1	57						
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43						1	93						
44						1	94						
45						1	95						
46						1	96						
47						1	97						
48						1	98						
49						1	99						
50						1	100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.				2			TOTAL DEP.						
TOTAL CLAIMS				2			TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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